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Application Number	
Filing Date	
First Named Inventor	Fitz Walker, Jr.
Title	System And Method
Art Unit	
Examiner Name	
Attorney Docket Number	BAR 20299

I hereby revoke all previous powers of attorney given in the above-identified application.

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25306

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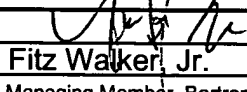
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	9-12-2005
Name	Fitz Walker, Jr.	Telephone	203-671-2180
Title and Company	Managing Member, Bartron Medical Imaging, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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